

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/583057

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3	1		1			
4						
5	2					
6	1		1			
7						
8	2					
9			1			
10			1			
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←	←	6	←	←	←
TOTAL CLAIMS			/0			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.	←	←	6	←	←	←
TOTAL CLAIMS			/0			